### **Application Data Sheet**

# **Application Information** Application number:: Filing Date:: Regular Application Type:: Utility Subject Matter:: Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: Memory Cartridge Including Selecting Mechanism Title:: 020824-004800US Attorney Docket Number:: No Request for Early Publication:: No Request for Non-Publication:: 1 Suggested Drawing Figure:: 10 Total Drawing Sheets:: Small Entity?:: No Latin name:: Variety denomination name:: No Petition included?:: Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers One:: Secrecy Order in Parent Appl.:: No

#### **Applicant Information**

Name Suffix::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: Much

City of Residence:: San Jose

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 6408 Menlo Drive

City of Mailing Address:: San Jose

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 95120

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: Perkins

Name Suffix::

City of Residence:: Santa Clara

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 611 Hillsdale Avenue

City of Mailing Address:: Santa Clara

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 95051

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Middle Name:: Glen

Family Name:: Freeman

Name Suffix::

City of Residence:: San Carlos

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1307 Crestview Drive

City of Mailing Address:: San Carlos

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94070

**Correspondence Information** 

Correspondence Customer Number:: 20350

Representative Information

Representative Designation:: Representative Number:: Representative Name::

Primary 35,933 Kevin T. LeMond Associate 40,456 Patrick R. Jewik

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Page 3 Initial 7/24/03

## **Foreign Priority Information**

Country:: Application number:: Filing Date::

## **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::